



March 16, 2007

ENGROSSED SENATE BILL No. 150

DIGEST OF SB 150 (Updated March 14, 2007 5:44 pm - DI 77)

Citations Affected: IC 12-15; noncode.

Synopsis: Mental health quality advisory committee. Extends the expiration date for the mental health quality advisory committee from July 1, 2007, to July 1, 2009.

Effective: Upon passage.

Lawson C, Simpson

(HOUSE SPONSOR — BROWN C)

January 8, 2007, read first time and referred to Committee on Health and Provider Services.

February 22, 2007, reported favorably — Do Pass.

February 26, 2007, read second time, ordered engrossed. Engrossed.

February 27, 2007, read third time, passed. Yeas 48, nays 0.

HOUSE ACTION

March 6, 2007, read first time and referred to Committee on Public Health.

March 15, 2007, reported — Do Pass.

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ES 150—LS 6667/DI 14+



March 16, 2007

First Regular Session 115th General Assembly (2007)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2006 Regular Session of the General Assembly.

ENGROSSED SENATE BILL No. 150

A BILL FOR AN ACT to amend the Indiana Code concerning human services.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 12-15-35.5-7, AS AMENDED BY P.L.101-2005,
2 SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE
3 UPON PASSAGE]: Sec. 7. (a) Subject to subsections (b) and (c), the
4 office may place limits on quantities dispensed or the frequency of
5 refills for any covered drug for the purpose of:

6 (1) preventing fraud, abuse, or waste;

7 (2) preventing overutilization, inappropriate utilization, or
8 inappropriate prescription practices that are contrary to:

9 (A) clinical quality and patient safety; and

10 (B) accepted clinical practice for the diagnosis and treatment
11 of mental illness; or

12 (3) implementing a disease management program.

13 (b) Before implementing a limit described in subsection (a), the
14 office shall:

15 (1) consider quality of care and the best interests of Medicaid
16 recipients;

17 (2) seek the advice of the drug utilization review board,

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established by IC 12-15-35-19, at a public meeting of the board;
and

(3) publish a provider bulletin that complies with the requirements of IC 12-15-13-6.

(c) Subject to subsection (d), the board may establish and the office may implement a restriction on a drug described in section 3(b) of this chapter if:

(1) the board determines that data provided by the office indicates that a situation described in IC 12-15-35-28(a)(8)(A) through IC 12-15-35-28(a)(8)(K) requires an intervention to:

(A) prevent fraud, abuse, or waste;

(B) prevent overutilization, inappropriate utilization, or inappropriate prescription practices that are contrary to:

(i) clinical quality and patient safety; and

(ii) accepted clinical practice for the diagnosis and treatment of mental illness; or

(C) implement a disease management program; and

(2) the board approves and the office implements an educational intervention program for providers to address the situation.

(d) A restriction established under subsection (c) for any drug described in section 3(b) of this chapter:

(1) must comply with the procedures described in IC 12-15-35-35;

(2) may include requiring a recipient to be assigned to one (1) practitioner and one (1) pharmacy provider for purposes of receiving mental health medications;

(3) may not lessen the quality of care; and

(4) must be in the best interest of Medicaid recipients.

(e) Implementation of a restriction established under subsection (c) must provide for the dispensing of a temporary supply of the drug for a prescription not to exceed seven (7) business days, if additional time is required to review the request for override of the restriction. This subsection does not apply if the federal Food and Drug Administration has issued a boxed warning under 21 CFR 201.57(e) that applies to the drug and is applicable to the patient.

(f) Before implementing a restriction established under subsection (c), the office shall:

(1) seek the advice of the mental health quality advisory committee until ~~June 30, 2007~~; **June 30, 2009**; and

(2) publish a provider bulletin that complies with the requirements of IC 12-15-13-6.

(g) Subsections (c) through (f):

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(1) apply only to drugs described in section 3(b) of this chapter;
and

(2) do not apply to a restriction on a drug described in section 3(b) of this chapter that was approved by the board and implemented by the office before April 1, 2003.

SECTION 2. P.L.101-2005, SECTION 8, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: SECTION 8. (a) As used in this SECTION, "committee" refers to the mental health quality advisory committee established in subsection (c).

(b) As used in this SECTION, "office" refers to the office of Medicaid policy and planning established by IC 12-8-6-1.

(c) The mental health quality advisory committee is established. The committee consists of the following members:

(1) The director of the office or the director's designee, who shall serve as chairperson of the committee.

(2) The director of the division of mental health and addiction or the director's designee.

(3) A representative of a statewide mental health advocacy organization.

(4) A representative of a statewide mental health provider organization.

(5) A representative from a managed care organization that participates in the state's Medicaid program.

(6) A member with expertise in psychiatric research representing an academic institution.

(7) A pharmacist licensed under IC 25-26.

The governor shall make the appointments under subdivisions (3) through (7) and fill any vacancy on the committee.

(d) The office shall staff the committee. The expenses of the committee shall be paid by the office.

(e) Each member of the committee who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). The member is also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(f) Each member of the committee who is a state employee is entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved

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- 1 by the budget agency.
- 2 (g) The affirmative votes of a majority of the voting members
- 3 appointed to the committee are required by the committee to take
- 4 action on any measure, including a final report.
- 5 (h) The committee shall advise the office and make
- 6 recommendations concerning the implementation of IC 12-15-35.5-7(c)
- 7 and consider the following:
- 8 (1) Peer reviewed medical literature.
- 9 (2) Observational studies.
- 10 (3) Health economic studies.
- 11 (4) Input from physicians and patients.
- 12 (5) Any other information determined by the committee to be
- 13 appropriate.
- 14 (i) The office shall report recommendations made by the committee
- 15 to the drug utilization review board established by IC 12-15-35-19.
- 16 (j) The office shall report the following information to the select
- 17 joint commission on Medicaid oversight established by IC 2-5-26-3:
- 18 (1) The committee's advice and recommendations made under this
- 19 SECTION.
- 20 (2) The number of instances that occur under the restriction
- 21 described in IC 12-15-35.5-7(c) and the outcome of each
- 22 occurrence.
- 23 (3) The transition of the aged, blind, and disabled population to
- 24 the risk based managed care program. This information shall also
- 25 be reported to the health finance commission established by
- 26 IC 2-5-23-3.
- 27 (4) Any decision by the office to change the health care delivery
- 28 system in which Medicaid is provided to recipients.
- 29 (k) This SECTION expires ~~June 30, 2007~~ **June 30, 2009**.
- 30 SECTION 3. **An emergency is declared for this act.**

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COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 150, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS.

(Reference is made to Senate Bill 150 as introduced.)

MILLER, Chairperson

Committee Vote: Yeas 9, Nays 0.

COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred Senate Bill 150, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill do pass.

BROWN C, Chair

Committee Vote: yeas 11, nays 0.

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